

Kaiser Foundation Health Plan of Washington
Kaiser Foundation Health Plan of Washington Options, Inc.
CONTRACT MANAGER NAME
Provider Communications, RCB-C2W-02
PO Box 34262, Seattle WA 98124-1262

SEPTEMBER 28, 2020

**CHANGES TO MEDICAL NECESSITY REVIEW CRITERIA FOR
REDUCTION MAMMOPLASTY SURGERY**

Dear Provider,

Effective December 1, 2020, Kaiser Foundation Health Plan of Washington and Kaiser Foundation Health Plan of Washington Options, Inc. (Kaiser Permanente) are updating the clinical review criteria for reduction mammoplasty surgery.

Explanation of the change:

Clinical review criteria for reduction mammoplasty have been revised to increase specificity for BMI and the minimum amount of breast tissue to be removed. Additionally, a preoperative mammogram to demonstrate no evidence of breast cancer and smoking cessation at least 30 days prior to surgery are both required.

Clinical review criteria can be found on the Kaiser Permanente provider website at https://wa-provider.kaiserpermanente.org/static/pdf/hosting/clinical/criteria/pdf/reduction_mammoplasty.pdf.

What will I need to do differently for my patients with the following Kaiser Permanente health plans?

- **Kaiser Foundation Health Plan of Washington Core and SoundChoice Health Maintenance Organization (HMO) members:** Prior authorization is required. Kaiser Permanente will notify the ordering provider, the member, and the member's personal physician of the coverage decision in writing. If services are provided without receiving prior authorization, Kaiser Permanente will not reimburse the provider for these services.
- **Kaiser Foundation Health Plan of Washington Options, Inc. Options Point of Service (POS) members:** Prior authorization is required for in-network coverage. Kaiser Permanente will notify the ordering provider, the member, and the member's personal physician of the coverage decision in writing. If prior authorization is not obtained, Kaiser Permanente will review the claim for medical necessity. If the claim is denied, Kaiser Permanente will not reimburse the provider for these services.
- **Kaiser Foundation Health Plan of Washington Options, Inc. Access PPO and Elect PPO Preferred Provider Organization (PPO) members:** Prior authorization is required for coverage. Notification for all inpatient services is required. Kaiser Permanente will notify the ordering provider, the member, and the member's personal physician of the coverage decision in writing. If services are provided without receiving prior authorization, Kaiser Permanente will not reimburse the provider for these services.
- **Medicare Advantage:** Prior authorization is required. Kaiser Permanente will notify the ordering provider, the member, and the member's personal physician of the coverage decision in writing. If services are provided without receiving prior authorization, Kaiser Permanente will not reimburse the provider for these services.

Please refer to the provisions of your agreement with Kaiser Permanente, including obtaining the member's prior written agreement to be financially responsible for the specific non-covered service, to determine when providers may bill a member for non-covered services.

These criteria, along with a complete list of Kaiser Permanente Clinical Review Criteria can be found on the Kaiser Permanente Provider website at <https://wa-provider.kaiserpermanente.org> under the header "Authorization & Clinical Review."

If you have any questions about these changes, please contact the Provider Assistance Unit at 509-241-7206 or toll-free at 1-888-767-4670, Monday – Friday from 8 am to 5 pm.

Sincerely,

A handwritten signature in black ink, appearing to read 'M Mora'.

Marc Mora, MD
Senior Vice President
Resource Stewardship and Network Management